

**Delegation of the  
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**Press Briefing**

**on**

**U.S. Leadership and Health**

**29 August, 2002**

**Speakers:**

**Claude Allen, Deputy Secretary of the Department of Health and Human Services**

**Anne Peterson, Assistant Administrator of the US Agency for International Development**

**Claude Allen:** Thank you. It is a real privilege to be here with you this afternoon. Our role here, myself and Anne's, is to represent the United States Government's approach to investing in health and that is really what we see this conference as: an investment in health throughout the world. The most important message I would like to leave with you is twofold: first, that poor health hinders development and improving health promotes development. It is important to look, as our delegation has looked at the issues we are addressing here, we are talking about water, we are talking about environment, health, agriculture, and bio-diversity. At the very center is the "HP," the health piece of it -- and it really connects all the others.

Secondly, the key to our success is going to be the partnerships that we have already developed and those that we are going to continue to develop in this area and I want to talk a little bit more about that. We feel very strongly as a Government that we can do more in partnership than we can do alone. It is important that we not only partner across our Government. (We are one department within the United States Government and AID is another agency within the US Government. We partner together on many of the projects.) We believe that that extends to working with educational institutions, with the private sector, and with faith-based organizations.

Three main points I would like to lay out for you that this administration has undertaken and I am going to ask Anne to focus on some of this as well:

We believe that WSSD is a priority in terms of combating infectious diseases. The Centers for Disease Control in the United States is an agency within the department of Health and Human

Services and it focuses much of its attention on infectious disease prevention and control. Working with USAID internationally, we focus on these two aspects, disease control throughout the world and the process that we operate. Secondly the United States is a global leader in terms of the fight against these infectious diseases and the U.S. is building upon recent Presidential announcements in terms of seeking new ways of addressing some of the most serious challenges that are confronting the developing and the developed world. Those are mainly in terms of HIV, tuberculosis, and malaria. President George W. Bush just last year committed the United States to a \$500 million contribution to the Global Fund to fight HIV/AIDS, tuberculosis and malaria and this represents probably one fourth of all the commitments to the global fund.

Beyond that we are also working to promote - and I am going to ask Anne to focus on this, too - a \$500 million contribution to focus on the mother-to-child-transmission program that we have, a MTCT program or initiative. This is an initiative that we are focusing primarily in Africa and the Caribbean, and it is designed to break the cycle of HIV/AIDS and have this generation free of HIV/AIDS. We have placed heavy emphasis on partnerships that promote programming in terms of mother-to-child-transmission. I am going to stop there and have Anne give some introductions, and then we will go to some specific projects that we are working on together as well as separately as agencies and talk about our partnerships.

**Anne Peterson:** I will echo some of what my colleague and former boss has said about the partnership that we have together in the U.S. Government but also that these initiatives themselves are partnerships. The Global Fund that we have given to is in itself a partnership - it is an alliance, actually - where the countries have given resources, pulled them together, and actually given it some authority. They are sharing decision-making in order to be able to leverage one another's resources and bring more resources to bear. That is really a critical piece.

The mother-to-child-transmission prevention program is also a partnership. It is with our government, the host government and the NGO's that are going to be working at helping implement the program.

Another really critical piece that I feel very strongly about - and, again, this administration, President Bush, has set a prime example - is that we have not just increased our funding for these really big multilateral or special projects. The President has also increased our funding to our regular bilateral programs. Our funding at USAID has gone up 500% in the last four years for international HIV/AIDS work, and that money is being used to support initiatives like the global fund. U.S. funding supports working together with other countries to do technical assistance, human capacity development, helping the national government to be able to put together grant proposals that are going to be more successful through the Global Fund - and as the global fund gets projects out the door, also helping with technical assistance on program implementation. At all of these levels, we have really serious partnerships going. This is actually a big change from a decade ago, when governments worked pretty much on their own or with just the host government. There are so many different sectors, and we are working together with other governments and with the non-governmental [groups] and more and more with the private sector - which is beginning to own up to its own social responsibility, to be involved in some of the major health challenges in the world. So that is my general [perspective] if you want to go back to some of your specific partnerships.

**Claude Allen:** Let me address some specific partnerships, to share some of the things that we are highlighting. Here we have some partnerships that we are working on, and I want to mention just a few of them that HHS is focusing on and talk a little bit about them. One of the most significant one's that we are working on is called the Health Environment and Economic Development partnership or "HEED." And this is a partnership that from the U.S. Government perspective is primarily handled by the National Institutes of Health. And this is a new research initiative; we will initially investigate the interactions among economic trends, environmental and health outcomes in developing countries to build the knowledge base for sustainable

development. We believe there are some links there between the environment, health, and economic development; we need to be investigating the research base that needs to be conducted there and focus on those activities. We are working with developing and developed country academics, bilateral funders of research and policy agencies. That is a major deliverable that we are talking about here at this conference.

Secondly we focus on safe water systems. We have some of our primary scientists from the Centers for Disease Control working in conjunction with USAID. This is a public-private partnership to reduce diarrheal diseases in children and other vulnerable populations through a provision of locally produced water disinfectants. This is a very low-cost, low-tech [program] that has taken them to the helm. In essence, we find that about a million people lack access to clean water. There is probably twice that number who - though they can get water into their homes - actually set it around in buckets or in containers, and that is where the infection comes in. That is where it gets contaminated - not necessarily at the source of the water. It is actually stagnant. And so this project focuses on basic hygiene, it focuses on providing containers, and actually providing chemicals to treat that water so that individuals in their homes can take control of their own healthcare. This is a partnership, a very broad partnership involving PSI, Catholic Relief Services, Proctor and Gamble, JICA, BNS, The Rotary International Foundation, UNICEF, WHO, the Pan-American Health Organization and others.

Two other programs I will mention: one is a universal flour fortification program that is working with with CDC and the U.S. Department of Agriculture. We are working with Australia, Canada, and U.S. wheat boards and others to fortify flour products with essential vitamins and minerals. This replicates the successful iodine or iodized salt fortification project. In addition we have already talked about HIV/AIDS and what we are doing in that arena. We have a technical collaboration to enhance the capacity for training HIV/AIDS care providers on diagnosis and treatment, and prevention of HIV/AIDS itself, the disease HIV.

And the last promotion I will mention to you is one that we are partnering directly with the Government of Mexico called "Health Promoters." This is a tremendous partnership that shares experiences in best models related to community health outreach and education using lay community workers to work within their communities to discuss health issues and to provide a conduit between the individual and the larger government. This has been very successful along the border areas where we are working with the Mexican Government trying to address healthcare issues.

These are just five of the projects that we have in collaborations that we call our important partnerships.

**ANNE PETERSON:** The focus for the U.S. Government at WSSD has been on AIDS, TB and malaria and I often say that these are a prime example of how health really is involved in development. You just have to look at Sub-Saharan Africa - and we were just out in Soweto this morning - to realize that this disease is destroying families, destroying society. They are even looking at business sectors and keeping track of prevalences now because [AIDS] is impacting agriculture, education and business, everything. We now also know that we have good programs that can turn around the AIDS epidemic, so we have the flip side of this in that health interventions do make a difference and can promote development.

So we have - besides our major Presidential initiatives - a number of other programs that we are wrapping around. All of these are either new or being scaled up this year or in the next year, so these are really bigger and newer initiatives as we try and address these very major problems that are part of the whole challenge of getting to sustainable development. We have an international HIV/AIDS alliance with 18 different countries and a host of partners. One of my favorites is called CORE initiatives - Communities Responding to HIV/AIDS Epidemic and it is a small bundle of money that hands out small grants to communities, to small faith-based

organizations in 2 to 5 thousand to \$10 000 pieces - just the right size for a community to begin to mobilize their own resources. Many of them really care, but either do not know what to do or do not have the basic, little bits of resources that they need to make something happen. This CORE initiative is partnering our government with a multitude of these small community and faith-based organizations - and frankly, having worked in the field, I know that is where the change will really happen. We also have a larger initiative - that, again, works through larger groups, community based organizations - called REACH, so that in \$150,000 or \$5000 groups, people who have reached throughout an educational system or have a number of satellite clinics can get enough money to scale up their programs.

One of our favorites that we will be talking about tomorrow in our partnership meeting is NET MARK. This is a malaria prevention program that partners all public health initiatives and people with the messages on how to prevent malaria, with private entrepreneurs who make insecticide-treated bedding nets. We are spreading access to insecticide-treated bed nets that can reduce malaria transmission absolutely enormously. With improved or less malaria, you get less anemia. You get families able to care better for themselves. You get greater productivity. It is actually very cheap and very sustainable and it is being scaled up across country, both in East Africa and now in West Africa. TB in high prevalence populations is, as you know, a huge issue; most people with AIDS do not die of HIV - though some do - but often of TB. Our initiatives are working very hard there.

One thing: as I see the money for AIDS, TB and Malaria growing, what I do not see happening is an equivalent work force to be able to really reach out to all of the communities to know what to do. AIDS, TB and malaria are actually rapidly changing scientific arena. We have new drugs, we are now talking mother-to-child-transmission prevention, we did not have that three years ago. How do you get that information out? So we are doing alliances and initiatives with a number of countries on how do we train up enough people, but also how to we find ways to improve the infrastructure so that there is a workforce able to address these. That, also, is part of why it is so important to bring in the communities, faith-based organizations, networks of providers - not only to provide prevention messages, but orphan care, palliative care, clinical based interventions. Actually, the latter two I would say, are platforms where we are beginning to have partnerships pull together, and we are looking for more partners to join with us.

In addition you know WSSD and Health is not just AIDS, TB and malaria. It is environmental health and many other things, and we have new partnerships in the other areas like a safe water system. We have working with UNICEF and WHO on the children's environmental health indicators and, again, human capacity development. So a number of really significant initiatives and one of my very prime concerns as I take on roles within the global leadership in health is to make sure that we are looking more at water sanitation and health issues and that we have a lot of new tools and technologies - a lot coming from CDC, actually - that we want to bring forward with other countries in partnership.

Thank you very much. Should we open it up for questions now?

**QUESTION - Robbie Nesson from the Associated Press:** You're talking a lot about AIDS and I know a lot of people can see that to be one of the major challenges facing the developing world and yet in the Summit it is not in any way a major topic. Does that concern you, and what role do you think fighting AIDS and HIV plays in sustainable development?

**CLAUDE ALLEN:** Sure keep in mind this conference was actually designed to focus on the environment, to focus on water and energy and focus on biodiversity. The health piece was added, so the way the United States has approached it is that we talk about the four plus one. The one being health. Our delegation the way we are addressing this is that we use the acronym WEHAB. We talk about water, we talk about energy, we talk about health we talk about agriculture, we talk about biodiversity. At the very center of that is the health piece is that we

want good water, because it is important to good health. Why do we have the need to have, sustainable energy is because it is important to provide for heat and electricity and opportunities for folks to again maintain good health. Why we have the others, is because health is at the center of all that. So while HIV/AIDS has not been a focal point both internationally there have been multilateral focuses on just that issue and so this is not a second thought, or an afterthought. It was a conference that was not focused primarily on HIV/AIDS, but nonetheless health and the impact of health and HIV/AIDS has on health, is a focal point that the United States has made that a part of our message.

**ANNE PETERSON:** I would echo that and say that we have really made a special effort to put AIDS on the agenda here. I am a public health physician, I've been in international health for 20 years, and I often say to my own people that health has been arrogant. We frame our issues in disease in death. They are so important that, of course, everybody cares about them the same way we do. We have never talked about our issues as far as how does it relate to development or economic development in cost-benefit terms, and how they interrelate, really, with other sectors. We have been sort of an entity unto our own and so, when you look at this conference, the intercept for most of the people has been in the environmental health and it has stayed there, fairly narrowly. Part of what we hope to do by focusing on AIDS for U.S. initiative was to broaden that, to send out the message that besides environmental health, health itself and health interventions are part of sustainable development. Not only would we like to be recognized as part of development and sustainable development by our colleagues in other areas. I am also challenging my counterparts within the health field to start talking about their health issues in economic development and sustainable development terms.

**QUESTION - Dave Stevens from Daily Summit:** I came in late so you may have covered this but as we are talking about HIV/AIDS can you say something about the U.S. policy on access to AIDS medication and drugs?

**CLAUDE ALLEN:** We believe that access to medication and drugs is a critical piece to addressing HIV/AIDS so the United States has worked very aggressively as a government but also working with our private sector counterparts, to build partnerships that address just that issue. A good example in the United States is a model that we call our ADAP. That works with pharmaceutical companies to make available - using public resource dollars - medications for those who are living with HIV and AIDS. In terms of the broader global perspective, we support working with both governments as well as with private sector to find meaningful ways to make access to pharmaceuticals a part of a treatment program. It is a broad program. It means not only the purchase of the drugs, but you have to have the clean water as we are talking about to be able to take those drugs. You also have to have the food or the agricultural products and nutrition in order to sustain life and to carry on. So access to medication is an integral part of addressing the pandemic for HIV and AIDS.

**ANNE PETERSON:** The President's newly announced initiative - the \$500 million for the mother-to-child-transmission prevention - at the core of that is clinic based access to medicines for the mothers and the babies to prevent transmission. In addition, I know CDC has a treatment site. We are starting four sites at USAID for HIV treatment to adults, so general populations can work out the logistics of how we really do this well in difficult circumstances. And frankly, South Africa is doing it in a few places and is modeling what can be done and we are hoping to both work here and in sites in other countries. Three of them have been defined: Rwanda, Kenya, and Uganda.

**CLAUDE ALLEN:** And Senegal, I came from Senegal just yesterday and they have done some tremendous work and in a very incremental way of expanding access to care. They are doing research, they are doing surveillance, and now they are wanting to move into the next phase - that is care and treatment, an important next step. So we see that the access to the

pharmaceuticals are very important, but you need to have other pieces in place as well in order to make a very comprehensive program that tries to deal with issue at both ends of the spectrum.

**ANNE PETERSON:** It is going to be a while before we scale up ARVs to national levels in many of these countries. We need to remember that treatment includes treatment of opportunistic infections and other kinds of care and that is simple, that is cheap, we know how to do it, we have successes all over in many, many countries. That is something we could be scaling up right now and need to be scaling up. So, when we talk treatment, we should not just be talking ARV treatment. We should be talking treatment for all of the associated diseases, as well as the care and support. Nutritional support alone can extend life significantly and at USAID one of the advantages of being a development agency is I have other sectors within the agency to call on, so our food aid can be joined to our AIDS program to direct the food aid to families either living with AIDS or with children that have been orphaned by AIDS. So, what we are trying to do are a lot of cross-sectoral responses to AIDS as well as care and support.

**QUESTION - Dave Stevens from Daily Summit:** You know, you guys tell a very good story. But if you are out there in the main conference, the general feeling about the United States' position at the Summit is quite negative. Does it worry you that you can get less than one percent of the assembled press delegation over to Export House for your briefing to tell your story to the world's media?

**CLAUDE ALLEN:** Not at all. We think that we are in this for the long haul. We have never done this for just trying to get a press headline or short sound bite out. We think this is a message that we will carry through every forum that we participate in. The United States has a story tell, one that we are very pleased with. Can we do more? Yes. Will we do more, yes, but we will do that in partnership with Governments. We will do that bilaterally. We will do that multilaterally and we will continue to come to forums like this WSSD and address the very issues and say, "Look at our record." The United States has done a tremendous job. We are funding one quarter of the Global Fund right now. We have the mother-to-child-transmission program: five hundred million dollars. So, we are really taking the lead and very willing to address the criticism. Can we do more? We will continue to do more, but in partnership as we go forward.

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